

## **Colorado Section 1115 Consumer Directed Attendant Support Demonstration**

### **FACT SHEET**

**Name of Section 1115 Demonstration:** Colorado Consumer Directed Attendant Support

**Date Proposal Submitted:** July 14, 1999

**Date Proposal Approved:** August 10, 2001

**Implemented:** December 16, 2002

**Demonstration Expiration Date:** December 15, 2007

### **SUMMARY**

On July 14, 1999, the state of Colorado submitted an initial 1115 research and demonstration proposal which is designed to give consumers greater flexibility and control in the management of their attendant support. The design assumes a high level of consumer direction, and intends to place consumers in the role of decision-makers for personal care and financial issues. The consumers will be able to purchase home health services including skilled nursing service, personal care, home aide services, and homemaker services from attendants they choose including members of their own families.

### **ELIGIBILITY**

Colorado will allow up to 150 disabled or elderly individuals to enroll in this demonstration. Individuals who have received Medicaid home health care for 12 months, with a minimum of 230 home health aide visits will be able to enroll in this demonstration. Enrollment in this program will be voluntary for persons who are able to direct their own care.

### **BENEFIT PACKAGE**

Individuals enrolled in the program will be able to use greater flexibility by hiring attendant of their choice, including family members to provide personal and skilled care needs. The consumers will have direct involvement in the planning and the delivering of their care. The program permits modification in the role of skilled nurses and home health aides in the delivery of services by allowing these services to be delegated and administered by attendants hired by the consumers who may not possess the certification required in the traditional model. The benefit package, as a result of savings, may include the purchase of additional services to support additional health care needs.

## **ENROLLMENT/DISENROLLMENT PROCESS**

An individual can be enrolled in CDAS only after:

- The individual meets all program eligibility criteria;
- The individual completes the attendant support management training, including the development of an attendant support management plan;
- CDHCPF approves the attendant support management plan;
- The individual passes the attendant support management proficiency test.

Participants can disenroll from CDAS at any time. When CDHCPF determines that a program participant is no longer eligible for CDAS, CDHCPF will inform the participant through a written advance notice. The notice will provide the individual with the reasons for termination and with information about the person's rights to fair hearing and appeal procedures. The individual should contact his or her case manager for assistance in obtaining other home care services.

## **DELIVERY SYSTEM**

Services for the demonstration would be provided under a fee-for-service delivery model. All services will require prior authorization and will be ordered and prescribed by the physician. Participants will be permitted to hire their own attendants.

## **QUALITY ASSURANCE**

Consumers are responsible for the management of services which include quality assurance and financial reconciliation. The monitoring and reconciliation activities are designed to support consumer management, rather than to be a separate structure as in traditional home care agencies. The emphasis is on the consumers' handling of choices to ensure their health and safety with prudent management of Medicaid funds. Quality assurance activities by other stakeholders are designed to support and augment those of consumers.

The CDHCPF will assure quality of service in the demonstration program through a variety of means. The Options for Long-term Care (Single Entry Point agencies) consumer satisfaction survey and the department's consumer complaint and appeals mechanisms will be extended to the demonstration program. The department will provide a complaint hotline for use by program participants. Nurses or case managers under contract to the department will assess participants at least every six months to evaluate quality of care and to ensure that participants are receiving appropriate levels of service. The program administrator will be alerted if problems are discovered.

## **COST-SHARING**

Individuals participating in this demonstration will not be responsible for any cost sharing. These services are provided for individuals who are qualified to receive Medicaid home health or personal care services according to a treatment plan and as authorized by the physician.

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